

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581012

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		3				
6		1				
7		1				
8		1				
9		1				
10	1		1			
11	1					
12	1					
13	1					
14	1					
15	8					
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50						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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